



# Racial & Ethnic Disparities in Pain Analgesia Administration in the Emergency Department



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## Background

Healthcare disparities among different racial and ethnic groups are prevalent across the United States and worldwide. Healthcare provision may differ among racial and ethnic minorities, socioeconomic statuses, and insurance coverages. In the subspecialties of emergency medicine and trauma care, these differences may become more apparent as several integral aspects of healthcare are addressed across an incredibly diverse patient population. Pain medication administration is a specific area of emergency medicine and trauma care where discrepancies have been unveiled. Multiple studies have determined that the treatment of acute, subacute, and chronic pain may vary widely depending on racial group, with some minorities receiving pain management and control that is less than adequate.

## Methods

A review of the literature was performed using the PubMed database to identify studies that have focused on the disparities and differences in pain management among racial and ethnic minorities in an emergency care setting.

Key search phrases included:  
(emergency medicine) AND (pain) AND (race) AND (ethnicity) AND (disparities)

Limiting the PubMed search to English, humans, works from 15 years prior, journal articles, meta-analyses, randomized controlled trials, and systematic reviews yielded 59 relevant results. After reviewing the content for these papers, 18 best met the criteria and were selected for inclusion.

## Results

A review of 18 articles that explored racial and ethnic discrimination based on analgesic prescriptions and administration in the emergency department (ED) demonstrated:

Inequalities still exist at the patient and hospital level, although they have begun decreasing overtime.

There were several notable discrepancies in analgesia administration and prescription based on the chief complaint.

The pattern of analgesic administration for the treatment of headaches, pediatric long bone fractures, toothaches, abdominal pain, and back pain demonstrated that white patients are more likely to receive opiate analgesics, while Black and Hispanic patients are less likely to receive opiates regardless of complaint severity.

Nonwhite patients had to wait substantially longer to receive opiate medication for abdominal and back pain.

## What Can We Do as Healthcare Providers?

- **Providers can try to recognize their own implicit biases:** recognizing biases can help raise awareness of how providers tend to interact with certain populations and may allow providers to help prevent any negative interaction from the start. There are several resources on understanding and testing for implicit biases, such as Project Implicit from Harvard (<https://implicit.harvard.edu/implicit/takeatest.html>).
- **Attend hospital-wide implicit bias and cultural competency trainings:** trainings centered on cultural competency and implicit bias can help providers foster a deeper understanding of racial and ethnic inequities in the hospital setting, as well as increase empathy for patients from all walks of life.
- **Recognize cognitive stressors that may exacerbate biases:** overcrowding and patient load in the Emergency Department may contribute to burnout and an increase in unsatisfactory patient encounters. Confronting and acknowledging the stressor may help providers become more conscious about how they are feeling and may help in taking a step back to assess their behavior.
- **Constant reflection and acceptance of feedback:** providers must be willing to reflect on their behaviors towards patients during encounters. They must also be willing to accept feedback from peers or supervising staff. The ability to do so raises awareness and allows correction of their actions in the future.